## 2002 Uniform Business Report (UBR)

## P97000105619 DOCUMENT #

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FREITAS, FILIPE

7050 NW 77 CT

**MIAMI FL 33166** 

7050 NW 77 CT

**MIAMI FL 33166** 

7050 NW 77 CT

**MIAMI FL 33166** 

FREITAS, GONCALO

DEFREITAS, MARIA H

1. Entity Name

THE ORION COLLECTION CORPORATION

Principal Place of Business

FREITAS, FILIPE

7050 NW 77 CT **MIAMI FL 33166** 

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME. \_ . . \_

NAME

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP TITLE

CITY-ST-ZIP TITLE

CITY-ST-ZIP

Mailing Address

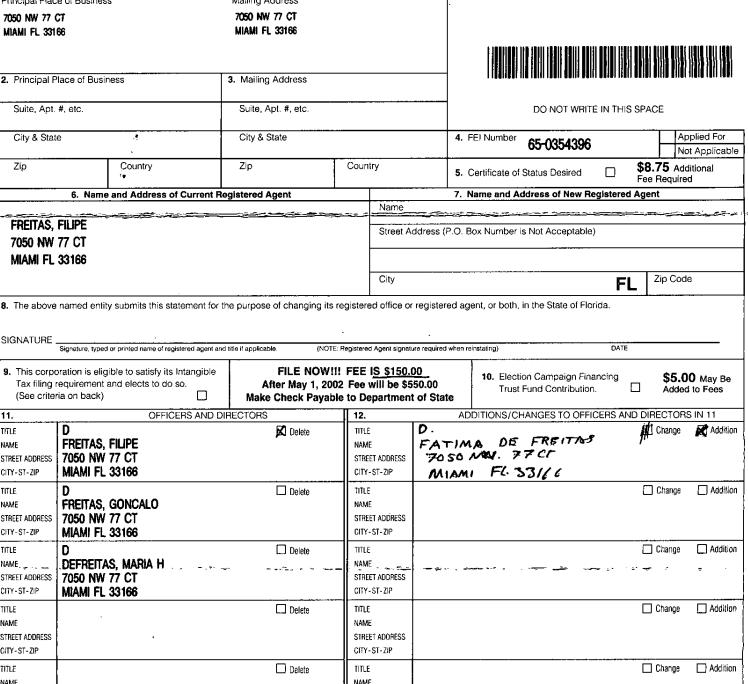
7050 NW 77 CT MIAMI FL 33166

7050 NW 77 CT MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country **	Zip	Country
6. Name and Address of Current Registered Agent			

## Apr 08, 2002 8:00 am Secretary of State

04-08-2002 90062 016 \*\*\*150 00



13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered (Dexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an addres

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

Delete

☐ Delete

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12.

NAME

TITI F

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADORESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7/P

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

D.

SIGNATURE:

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OF BIREC

☐ Change

☐ Addition

CR2E034 (9/01)